

Fill in this information to identify your case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF NEW YORK

Case number (if known)

Chapter 7

Check if this an
amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	St. Francis Food Pantries and Shelters, Inc.		
2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names	FKA Capuchin Food Pantries		
3. Debtor's federal Employer Identification Number (EIN)	80-0458866		
4. Debtor's address	Principal place of business c/o Constantino Sagonas 240-51 6th Ave. Little Neck, NY 11362 Number, Street, City, State & ZIP Code	Mailing address, if different from principal place of business P.O. Box, Number, Street, City, State & ZIP Code Queens County Number, Street, City, State & ZIP Code	Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code
5. Debtor's website (URL)	https://stfrancispantries.org		
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____		

Debtor

St. Francis Food Pantries and Shelters, Inc.

Name

Case number (if known)

7. Describe debtor's business**A. Check one:**

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Railroad (as defined in 11 U.S.C. § 101(44))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 Clearing Bank (as defined in 11 U.S.C. § 781(3))
 None of the above

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)
 Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
 Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?**Check one:**

- Chapter 7
 Chapter 9
 Chapter 11. **Check all that apply:**

- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
 The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
 A plan is being filed with this petition.
 Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
 The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
 The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

- Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years? No. Yes.

If more than 2 cases, attach a separate list.

District _____
District _____When _____
When _____Case number _____
Case number _____

Debtor

St. Francis Food Pantries and Shelters, Inc.

Name

Case number (if known)

- 10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

No
 Yes.

List all cases. If more than 1, attach a separate list

Debtor		Relationship
District	When	Case number, if known

- 11. Why is the case filed in this district?** Check all that apply:

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
 A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

- 12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
 What is the hazard? _____
- It needs to be physically secured or protected from the weather.
- It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- Other _____

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

No

Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

- 13. Debtor's estimation of available funds**

Check one:

Funds will be available for distribution to unsecured creditors.

After any administrative expenses are paid, no funds will be available to unsecured creditors.

- 14. Estimated number of creditors**

1-49
 50-99
 100-199
 200-999

1,000-5,000
 5,001-10,000
 10,001-25,000

25,001-50,000
 50,001-100,000
 More than 100,000

- 15. Estimated Assets**

\$0 - \$50,000
 \$50,001 - \$100,000
 \$100,001 - \$500,000
 \$500,001 - \$1 million

\$1,000,001 - \$10 million
 \$10,000,001 - \$50 million
 \$50,000,001 - \$100 million
 \$100,000,001 - \$500 million

\$500,000,001 - \$1 billion
 \$1,000,000,001 - \$10 billion
 \$10,000,000,001 - \$50 billion
 More than \$50 billion

- 16. Estimated liabilities**

\$0 - \$50,000

\$1,000,001 - \$10 million

\$500,000,001 - \$1 billion

Debtor

St. Francis Food Pantries and Shelters, Inc.

Name

Case number (*if known*)

- | | | |
|---|--|--|
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input checked="" type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor

St. Francis Food Pantries and Shelters, Inc.

Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 22, 2024
MM / DD / YYYY

X /s/ Marina Watson

Signature of authorized representative of debtor

Marina Watson

Printed name

Title Executive Director**18. Signature of attorney****X /s/ Fred Stevens**

Signature of attorney for debtor

Date May 22, 2024

MM / DD / YYYY

Fred Stevens

Printed name

Klestadt Winters Jureller Southard & Stevens, LLP

Firm name

200 West 41st Street**17th Floor****New York, NY 10036**

Number, Street, City, State & ZIP Code

Contact phone (212) 972-3000

Email address

fstevens@klestadt.com**3013851 NY**

Bar number and State

Debtor

St. Francis Food Pantries and Shelters, Inc.

Name

Case number (if known)

7. Describe debtor's business**A. Check one:**

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Railroad (as defined in 11 U.S.C. § 101(44))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
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 None of the above

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)
 Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
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 Chapter 9
 Chapter 11. **Check all that apply:**

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 Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
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If more than 2 cases, attach a separate list.

District _____
District _____When _____
When _____Case number _____
Case number _____

Debtor

St. Francis Food Pantries and Shelters, Inc.

Name

Case number (if known)

- 10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

No
 Yes.

List all cases. If more than 1, attach a separate list

Debtor		Relationship
District	When	Case number, if known

- 11. Why is the case filed in this district?** Check all that apply:

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- 12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
 What is the hazard? _____
- It needs to be physically secured or protected from the weather.
- It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- Other _____

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

No

Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

- 13. Debtor's estimation of available funds**

Check one:

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After any administrative expenses are paid, no funds will be available to unsecured creditors.

- 14. Estimated number of creditors**

1-49
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25,001-50,000
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- 15. Estimated Assets**

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 \$50,001 - \$100,000
 \$100,001 - \$500,000
 \$500,001 - \$1 million

\$1,000,001 - \$10 million
 \$10,000,001 - \$50 million
 \$50,000,001 - \$100 million
 \$100,000,001 - \$500 million

\$500,000,001 - \$1 billion
 \$1,000,000,001 - \$10 billion
 \$10,000,000,001 - \$50 billion
 More than \$50 billion

- 16. Estimated liabilities**

\$0 - \$50,000

\$1,000,001 - \$10 million

\$500,000,001 - \$1 billion

Debtor

St. Francis Food Pantries and Shelters, Inc.Case number (*if known*) _____

Name

- | | | |
|---|--|--|
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input checked="" type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor

St. Francis Food Pantries and Shelters, Inc.

Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 22, 2024

MM / DD / YYYY

X /s/ Marina Watson

Signature of authorized representative of debtor

Marina Watson

Printed name

Title Executive Director

18. Signature of attorney

X /s/ Fred Stevens

Signature of attorney for debtor

Date May 22, 2024

MM / DD / YYYY

Fred Stevens

Printed name

Klestadt Winters Jureller Southard & Stevens, LLP

Firm name

200 West 41st Street

17th Floor

New York, NY 10036

Number, Street, City, State & ZIP Code

Contact phone (212) 972-3000

Email address fstevens@klestadt.com

3013851 NY

Bar number and State

Fill in this information to identify the case:

Debtor name St. Francis Food Pantries and Shelters, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets–Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 22, 2024

X /s/ Marina Watson

Signature of individual signing on behalf of debtor

Marina Watson

Printed name

Executive Director

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name St. Francis Food Pantries and Shelters, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

Check if this is an amended filing

**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*..... \$ 0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ 54,364.24

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ 54,364.24

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 0.00

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 0.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 171,356.37

4. **Total liabilities**

Lines 2 + 3a + 3b

\$ 171,356.37

Fill in this information to identify the case:

Debtor name St. Francis Food Pantries and Shelters, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.

Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

\$2,364.24

2. Cash on hand

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

4. Other cash equivalents (Identify all)

5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$2,364.24

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.

Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

No. Go to Part 4.

Yes Fill in the information below.

11. Accounts receivable

11b. Over 90 days old:

2,000.00

-

1,000.00

=....

\$1,000.00

face amount

doubtful or uncollectible accounts

Debtor St. Francis Food Pantries and Shelters, Inc. Case number (*If known*) _____
Name _____

11b. Over 90 days old:	10,000.00	-	0.00 =....	\$10,000.00
	face amount		doubtful or uncollectible accounts	
11b. Over 90 days old:	5,000.00	-	0.00 =....	\$5,000.00
	face amount		doubtful or uncollectible accounts	
11b. Over 90 days old:	1,000.00	-	0.00 =....	\$1,000.00
	face amount		doubtful or uncollectible accounts	
11b. Over 90 days old:	1,000.00	-	0.00 =....	\$1,000.00
	face amount		doubtful or uncollectible accounts	

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$18,000.00

Part 4: Investments

13. Does the debtor own any investments?

- No. Go to Part 5.
- Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- No. Go to Part 6.
- Yes Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---------------------	-------------------------------------	---	---	------------------------------------

19. **Raw materials**

20. **Work in progress**

21. **Finished goods, including goods held for resale**

Doodle for Hunger

Artwork (note-title disputed)

\$0.00

\$34,000.00

22. **Other inventory or supplies**

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$34,000.00

24. Is any of the property listed in Part 5 perishable?

- No
- Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- No
- Yes. Book value _____ Valuation method _____ Current Value _____

Debtor St. Francis Food Pantries and Shelters, Inc. _____ Case number (*If known*) _____
Name _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- No
 Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- No. Go to Part 7.
 Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- No. Go to Part 8.
 Yes Fill in the information below.

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- No. Go to Part 9.
 Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

- No. Go to Part 10.
 Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- No. Go to Part 11.
 Yes Fill in the information below.

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.
 Yes Fill in the information below.

Debtor St. Francis Food Pantries and Shelters, Inc. _____ Case number (*If known*) _____
Name _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$2,364.24</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$18,000.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$34,000.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$54,364.24</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$54,364.24</u>

Fill in this information to identify the case:

Debtor name St. Francis Food Pantries and Shelters, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
 Yes. Fill in all of the information below.

Fill in this information to identify the case:

Debtor name St. Francis Food Pantries and Shelters, Inc.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

 Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.
 Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address American Express P.O Box 1270 Newark, NJ 07101 Date(s) debt was incurred _____ Last 4 digits of account number _____	\$0.00 As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Line of Credit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2	Nonpriority creditor's name and mailing address Blackbaud Merchant Services 65 Fairchild Street Charleston, SC 29492 Date(s) debt was incurred _____ Last 4 digits of account number _____	\$4,314.75 As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Contracted Service for CRM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3	Nonpriority creditor's name and mailing address Internal Revenue Service Centralized Insolvency Operation P.O. Box 7346 Philadelphia, PA 19101 Date(s) debt was incurred _____ Last 4 digits of account number _____	\$102,947.87 As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.4	Nonpriority creditor's name and mailing address Joseph Siracusano 6855 Pasturelands Place Winter Garden, FL 34787 Date(s) debt was incurred _____ Last 4 digits of account number _____	\$10,000.00 As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Service - Copyright for Doodle for Hunger Event 2023 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	St. Francis Food Pantries and Shelters, Inc.	Case number (if known)
	Name	
3.5	Nonpriority creditor's name and mailing address Linear Technologies 259 W 30th Street, Suite 201 New York, NY 10001 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Service - Network</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	Nonpriority creditor's name and mailing address New York State Office of the AG, Special Bankruptcy Counsel, Attn: Enid Stuart 28 Liberty Street NY 10050 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7	Nonpriority creditor's name and mailing address NYC Department of Finance Office of Legal Affairs 375 Pearl Street, 30th Floor New York, NY 10038 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.8	Nonpriority creditor's name and mailing address NYS Department of Taxation and Finance Bankruptcy Unit Building 8, Room 455 W.A. Harriman State Albany, NY 12227 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.9	Nonpriority creditor's name and mailing address Perlman and Perlman 521 Fifth Avenue, 30th Floor New York, NY 10175 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.10	Nonpriority creditor's name and mailing address Pitney Bowes Bank Inc. Purchase Power P.O Box 981026 Boston, MA 02298 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Line of Credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.11	Nonpriority creditor's name and mailing address TD Bank 469 Seventh Ave New York, NY 10018 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Line of credit/Loans</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	St. Francis Food Pantries and Shelters, Inc.	Case number (if known)
Name		
3.12	Nonpriority creditor's name and mailing address Verizon P.O Box 15124 Albany, NY 12212	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,714.94
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Date(s) debt was incurred _____		
Last 4 digits of account number _____		
Basis for the claim: Service - Telephone/Internet		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
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Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

- 5a. Total claims from Part 1
5b. Total claims from Part 2

- 5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts		
5a.	\$	0.00
5b.	+	171,356.37
5c.	\$	171,356.37

Fill in this information to identify the case:

Debtor name St. Francis Food Pantries and Shelters, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

Fill in this information to identify the case:

Debtor name St. Francis Food Pantries and Shelters, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

Check if this is an amended filing

Official Form 206H
Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

- D
 E/F
 G

2.1

Street

City

State

Zip Code

2.2

Street

City

State

Zip Code

- D
 E/F
 G

2.3

Street

City

State

Zip Code

- D
 E/F
 G

2.4

Street

City

State

Zip Code

- D
 E/F
 G

Fill in this information to identify the case:

Debtor name **St. Francis Food Pantries and Shelters, Inc.**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

Case number (if known) _____

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

For prior year:

From **1/01/2023** to **12/31/2023**

Operating a business

Other **Donations and Fund Raising Events**

\$2,389,127.56

For year before that:

From **1/01/2022** to **12/31/2022**

Operating a business

Other **Donations and Fund Raising Events**

\$1,550,812.00

For the fiscal year:

From **1/01/2021** to **12/31/2021**

Operating a business

Other **Donations and Fund Raising Events**

\$1,649,211.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed

Debtor

St. Francis Food Pantries and Shelters, Inc.

Case number (if known) _____

or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Joseph Siracusano 6855 Pasturelands Place Winter Garden, FL 34787 Director	5/5/2023 through 10/2/2023	\$66,000.00	Doodle for Hunger trademark, consultation fees and employee compensation.

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. IRS Penalties 2016-2018	IRS penalties applied due to erroneous belief that Debtor failed to file Form 990 for three consecutive years.		<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

Debtor

St. Francis Food Pantries and Shelters, Inc.Case number (*if known*) _____ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. Church of St. John the Baptist 213 W. 30th Street New York, NY 10001		<u>4/1/2022</u>	<u>\$10,000.00</u>
	Recipients relationship to debtor Affiliated through relationship with former President (deceased) of Debtor		
9.2. Church of St. John the Baptist 213 W 30th Street New York, NY 10001		<u>5/3/2022</u>	<u>\$25,000.00</u>
	Recipients relationship to debtor Affiliated through relationship with former President (deceased) of Debtor		
9.3. Gambino Medical & Science Foundation 2501 71st Street 2nd Fl. North Bergen, NJ 07047	Grant		
		<u>10/3/2022</u>	<u>\$1,000.00</u>
	Recipients relationship to debtor Affiliated through relationship with former President (deceased) of Debtor		
9.4. Church of St. John the Baptist 213 W. 30th Street New York, NY 10001			
		<u>11/23/2022</u>	<u>\$65,000.00</u>
	Recipients relationship to debtor Affiliated through relationship with former President (deceased) of Debtor		
9.5. St. John's Bread of Life Food Pantry 213 W. 30th Street New York, NY 10001	Grant for food storage and use of facilities		
		<u>5/1/2023</u>	<u>\$25,000.00</u>
	Recipients relationship to debtor Affiliated Organization		

Debtor

St. Francis Food Pantries and Shelters, Inc.

Case number (if known) _____

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.6. Elizabeth Seton Children's Foundation 300 Corporate Blvd. S Yonkers, NY 10701		<u>5/5/2023</u>	<u>\$2,645.00</u>
Recipients relationship to debtor <u>Affiliated with the Debtor</u>			
9.7. St. Francis Feeds 1985 W. Henderson Rd., Ste. 2175 Columbus, OH 43220	Grant for food purchases	<u>6/20/2023</u>	<u>\$20,000.00</u>
Recipients relationship to debtor <u>Affiliated through relationship with former President (deceased) of Debtor</u>			
9.8. Stars of Tomorrow Project 7 Times Square New York, NY 10003	Performers WOV Tea	<u>7/27/2023</u>	<u>\$2,500.00</u>
Recipients relationship to debtor			
9.9. St. John's Bread of Life Food Pantry 213 W. 30th Street New York, NY 10001	Grant for purchase of refrigerator	<u>08/22/2023</u>	<u>\$4,000.00</u>
Recipients relationship to debtor <u>Affiliated Organization</u>			
9.10 St. Francis Feeds 1985 W. Henderson Rd. Ste. 2175 Columbus, OH 43220	Grant for food purchases	<u>9/15/2023</u>	<u>\$50,000.00</u>
Recipients relationship to debtor <u>Affiliated with former President (deceased) of Debtor</u>			

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

 None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

Part 6: Certain Payments or Transfers

Debtor

St. Francis Food Pantries and Shelters, Inc.

Case number (if known) _____

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
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11.1. **Klestadt Winters Jureller**
Southard & Ste
200 West 41st Street
17th Floor
New York, NY 10036

Attorney Fees**12/19/2023****\$5,000.00**

Email or website address
fstevens@klestadt.com

Who made the payment, if not debtor?

11.2. **Klestadt Winters Jureller**
Southard & Ste
200 W. 41st Street,
17th Fl.
New York, NY 10036

Filing Fee**12/19/2023****\$338.00**

Email or website address

Who made the payment, if not debtor?

11.3. **Klestadt Winters Jureller**
Southard & Ste
200 West 41st Street
17th Floor
New York, NY 10036

Attorney Fees**1/11/2024****\$5,000.00**

Email or website address
fstevens@klestadt.com

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

Debtor

St. Francis Food Pantries and Shelters, Inc.Case number (*if known*) _____ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

 Does not apply

Address	Dates of occupancy From-To
14.1. 450 Seventh Ave., Suite 601 New York, NY 10123	2009-1/17/2024

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

 No. Go to Part 9. Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
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Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?** No. Yes. State the nature of the information collected and retained.**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?** No. Go to Part 10. Yes. Does the debtor serve as plan administrator?**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

 None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

Debtor

St. Francis Food Pantries and Shelters, Inc.Case number (*if known*) _____ None**Depository institution name and address****Names of anyone with access to it**
Address**Description of the contents****Does debtor still have it?****20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

 None**Facility name and address****Names of anyone with access to it****Description of the contents****Does debtor still have it?**

Jenmar Management
150-38 12th Avenue
Whitestone, NY 11357

Constantino Sagonas

Financial, personell, business documents and Doodle For Hunger artwork.

No
 Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

 None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No. Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
Case number			

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law? No. Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material? No. Yes. Provide details below.

Debtor

St. Francis Food Pantries and Shelters, Inc.Case number (*if known*) _____

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed
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26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address	Date of service From-To
26a.1. Skody Scot & Company, CPAs 520 8th Ave., #2200 New York, NY 10018	2022-current

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

Name and address	Date of service From-To
26b.1. Skody Scot & Company, CPAs 520 8th Ave., #2200 New York, NY 10018	

Name and address	Date of service From-To
26b.2. Marina Watson 63 Bruan Place, B Clifton, NJ 07012	2021-2024

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

Name and address	If any books of account and records are unavailable, explain why
26c.1. Constantino Sagonas 240-51 68th Ave. Little Neck, NY 11362	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No

Yes. Give the details about the two most recent inventories.

Debtor

St. Francis Food Pantries and Shelters, Inc.

Case number (if known) _____

Name of the person who supervised the taking of the
inventory

Date of inventory

The dollar amount and basis (cost, market,
or other basis) of each inventory

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Marina Watson	63 Bruan Place, B Clifton, NJ 07012	Executive Director	
Constantino Sagonas	240-51 68th Ave. Little Neck, NY 11362	Chairperson of Board and Acting Secretary	
Frank J. Colluccio	116 Warrenville Road Green Brook, NJ 08812	Board Member	
James Marceau	2 Tudor City Place 12CN New York, NY 10017	Board Member	
Fr. Micheal Marigliano	Holy Cross 329 West 42nd Street New York, NY 10036	Board Member	

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- No
 Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Joseph Siracusano	6855 Pasturelands Place Winter Garden, FL 34787	Co-Founder/Executive Director of Board (retired)	2009-12/2022
Fr. Francis Gasparik	Deceased	President (deceased)	2009-November 12, 2023
Anthony Ardito	39 Glenn Way Cold Spring Harbor, NY 11724	Board Member	Resigned around 2022

Debtor

St. Francis Food Pantries and Shelters, Inc.

Case number (if known) _____

Name	Address	Position and nature of any interest	Period during which position or interest was held
Tom Dunleavy	8 Peter Cooper Road New York, NY 10010	Board Member	Inactive due to illness since 2021

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- No
 Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 Marina Watson	\$1,250.00	5/15/2023	Health insurance
Relationship to debtor <u>Executive Director</u>			
30.2 Marina Watson	\$1,250.00	6/6/2023	Health Insurance
Relationship to debtor <u>Executive Director</u>			
30.3 Marina Watson	\$98.00	6/6/2023	Expense reimbursement
Relationship to debtor <u>Executive Director</u>			
30.4 Joseph Siracusano	\$10,000.00	6/6/2023	Doodle for Hunger trademark use.
Relationship to debtor <u>Former Board Member/Consultant</u>			
30.5 Joseph Siracusano	\$1,000.00	6/9/2023	Doodle for Hunger trademark use.
Relationship to debtor <u>Former Board Member/Consultant</u>			
30.6 Joseph Siracusano	\$10,000.00	6/28/2023	Doodle for Hunger trademark use.
Relationship to debtor <u>Former Board Member/Consultant</u>			

Debtor

St. Francis Food Pantries and Shelters, Inc.

Case number (if known)

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.7	Joseph Siracusano <u>Relationship to debtor</u> Former Board Member/Consultant	\$10,000.00	8/1/2023	Doodle for Hunger trademark use.
30.8	Joseph Siracusano <u>Relationship to debtor</u> Former Board Member/Consultant	\$2,000.00	8/7/2023	Expense reimbursement
30.9	Marina Watson <u>Relationship to debtor</u> Executive Director	\$1,250.00	9/5/2023	Health Insurance
30.1 0.	Joseph Siracusano <u>Relationship to debtor</u> Former Board Member/Consultant	10,000.00	9/5/2023	Doodle for Hunger trademark use.
30.1 1.	Joseph Siracusano <u>Relationship to debtor</u> Former Board Member/Consultant	\$1,000.00	9/11/2023	Consulting services.
30.1 2.	Joseph Siracusano <u>Relationship to debtor</u> Former Board Member/Consultant	\$11,000.00	10/2/2023	Doodle for Hunger trademark use and consultant services.
30.1 3.	Marina Watson <u>Relationship to debtor</u> Executive Director	\$1,250.00	10/3/2023	Health Insurance.
30.1 4.	Marina Watson <u>Relationship to debtor</u> Executive Director	\$14,782.40	Salary January 1, 2024 through April 4, 2024	Employee salary.

Debtor

St. Francis Food Pantries and Shelters, Inc.Case number (*if known*) _____

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 5. Marina Watson	\$120,946.63	1/1/2023 through 12/31/2023	Employee salary.
Relationship to debtor			Executive Director

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- No
 Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- No
 Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 22, 2024/s/ Marina Watson

Signature of individual signing on behalf of the debtor

Marina Watson

Printed name

Position or relationship to debtor Executive DirectorAre additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- No
 Yes

United States Bankruptcy Court
Southern District of New York

In re **St. Francis Food Pantries and Shelters, Inc.**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ 10,388.00
Prior to the filing of this statement I have received	\$ 10,388.00
Balance Due	\$ 0.00

2. The source of the compensation paid to me was:

Debtor Other (specify):

3. The source of compensation to be paid to me is:

Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

May 22, 2024

Date

/s/ Fred Stevens

Fred Stevens

Signature of Attorney

Klestadt Winters Jureller Southard & Stevens, LLP

200 West 41st Street

17th Floor

New York, NY 10036

(212) 972-3000 Fax: (212) 972-2245

fstevens@klestadt.com

Name of law firm

**RESOLUTION
OF THE BOARD OF DIRECTORS OF
ST. FRANCIS FOOD PANTRIES AND SHELTERS, INC.
Dated: December 19, 2023**

WHEREAS, the Board of Directors (the “Board”) of St. Francis Food Pantries and Shelters, Inc., a New York not-for-profit corporation, (“St. Francis” or the “Company”) has reviewed the materials presented by the advisors of St. Francis regarding the liabilities and liquidity situation of St. Francis, the strategic alternatives available to it, and the impact of the foregoing on St. Francis;

WHEREAS, the Board has had the opportunity to consult with the management and advisors of St. Francis and fully considered each of the strategic alternatives available to St. Francis;

WHEREAS, the Board has approved and consented to the actions set forth below;

NOW THEREFORE, BE IT RESOLVED, that in the judgment of the Board it is desirable and in the best interest of the Company, its creditors, members and other interested parties, that a petition be filed by the Company for relief under Chapter 7 of Title 11 of the United States Bankruptcy Code (the “Bankruptcy Code”); it is hereby

RESOLVED, that the company be, and hereby is, authorized to cause the filing of a petition for relief (the “Petition”) under the Bankruptcy Code, in the United States Bankruptcy Court for the Southern District of New York (the “Bankruptcy Court”) and to perform any and all such acts as are reasonable, advisable, expedient, convenient, proper or necessary to effect any of the foregoing for the Company; and it is

FURTHER RESOLVED, that Marina Watson (“Director”), shall be, and hereby is, authorized, directed and empowered on behalf of, and in the name of, the Company to: (a) prepare, execute and verify the Petition and all other ancillary documents, and to cause the Petition to be filed with the Bankruptcy Court and to make or cause to be made prior to execution thereof any modifications to the Petition or ancillary documents, in her discretion, that she deems necessary or desirable to carry out the intent and to accomplish the purposes of these resolutions; (b) prepare, execute, verify and file or cause to be filed the Petition, all schedules, statements, lists, motions, applications and other papers or documents necessary or desirable in connection with the foregoing; and (c) prepare, execute and verify any and all other documents necessary or appropriate in connection therewith or to administer the Company’s chapter 7 case, in such form or forms as she may approve; and it is

FURTHER RESOLVED, that the Director shall be, and is, authorized, directed and empowered to retain, on behalf of the Company, Klestadt Winters Jureller Southard & Stevens, LLP, as general bankruptcy counsel in connection with the Company’s chapter 7 case and other related matters, on such terms as she may approve, and such additional professionals and advisors as in her judgment may be necessary in connection with the Company’s chapter 7 case and other related matters, on such terms as she may approve; and it is

FURTHER RESOLVED, that the Director be, and hereby is, authorized, directed and empowered on behalf of, and in the name of, the Company to retain such other professionals as may be necessary, in her reasonable discretion, to assist the Company in carrying out its duties under the Bankruptcy Code, and to take any and all actions to advance the Company's rights and obligations; and in connection therewith, the Director is hereby authorized and directed to execute appropriate retention agreements, pay appropriate retainers, and to cause to be filed appropriate applications for authority to retain the services of any other professionals as necessary; and it is

FURTHER RESOLVED, that in addition to the specific authorizations heretofore conferred upon the Director, the Director (and her designees and delegates) be, and they hereby are, authorized and empowered, in the name of and on behalf of the Company, to take or cause to be taken any and all such other and further action, and to execute, acknowledge, deliver and file any and all such agreements, certificates, instruments and other documents and to pay all expenses, including but not limited to filing fees, in each case as in such officer's or officers' judgment, shall be necessary, advisable or desirable in order to fully carry out the intent and accomplish the purposes of the resolutions adopted herein; and it is

FURTHER RESOLVED, that all Directors of the Board have received sufficient notice of the actions and transactions relating to the matters by the foregoing resolutions, as may be required by the organizational documents of the Company, or hereby waive any right to have received such notice; and it is

FURTHER RESOLVED, that all acts lawfully done or actions lawfully taken or to be taken in connection with the implementation of these resolutions in all respects are hereby ratified, confirmed and approved; and

IN WITNESS WHEREOF, the undersigned, having the authority of the Board, does hereby execute this consent as of December 19, 2023.

**CHAIRPERSON BOARD OF DIRECTORS
AND ACTING SECRETARY:**

/s/ Constantino Sagonas

By: Constantino Sagonas

Title: Chairperson of the Board and
Acting Secretary

United States Bankruptcy Court
Southern District of New York

In re St. Francis Food Pantries and Shelters, Inc. _____ Case No. _____
Debtor(s) Chapter 7 _____

VERIFICATION OF CREDITOR MATRIX

I, the Executive Director of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: May 22, 2024

/s/ Marina Watson
Marina Watson/Executive Director
Signer>Title

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CORPORATION COUNSEL CITY OF NEW YORK
100 CHURCH STREET
5TH FLOOR
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ATTN. CHARITIES BUREAU
28 LIBERTY STREET
NEW YORK, NY 10005

NEW YORK STATE OFFICE OF THE AG, SPECIAL
BANKRUPTCY COUNSEL, ATTN: ENID STUART
28 LIBERTY STREET
NY 10050

NYC DEPARTMENT OF FINANCE
OFFICE OF LEGAL AFFAIRS
375 PEARL STREET, 30TH FLOOR
NEW YORK, NY 10038

NYS DEPARTMENT OF TAXATION AND FINANCE
BANKRUPTCY UNIT
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PERLMAN AND PERLMAN
521 FIFTH AVENUE, 30TH FLOOR
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PITNEY BOWES BANK INC. PURCHASE POWER
P.O BOX 981026
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